



## MEDICAL, CONTACT AND LIABILITY RELEASE FORM

EFFECTIVE DATES: JANUARY 31, 2025 – JANUARY 31, 2027

### MEDICAL INFORMATION

#### STUDENT INFORMATION *(Please Print)*

Youth Full Name \_\_\_\_\_ DOB \_\_\_\_\_

2<sup>nd</sup> Youth Full Name \_\_\_\_\_ DOB \_\_\_\_\_

3<sup>rd</sup> Youth Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s):

\_\_\_\_\_

List all parent/guardian contact phone numbers in best order to be reached:

\_\_\_\_\_

### NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone(s): \_\_\_\_\_

\_\_\_\_\_

### PRIMARY CARE PHYSICIAN

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Name of practice: \_\_\_\_\_

Date of last Tetanus shot: 1<sup>st</sup> Youth \_\_\_\_\_ 2<sup>nd</sup> Youth \_\_\_\_\_ 3<sup>rd</sup> Youth \_\_\_\_\_

## INSURANCE INFORMATION

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy/Group ID#: \_\_\_\_\_

Policy Holder's Name (please print): \_\_\_\_\_

**MEDICAL CONDITIONS:** Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):
2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

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**MEDICATION** List all medications the student will take during any student ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participants are required to give **ALL MEDICATIONS to the adult student leader in their original containers with complete dispensing instructions before the start of the event.**

### Medication Name Dose Treatment for Dispensing instructions

*Example: Zyrtec 5mg Seasonal allergies Take one pill daily in the morning with food*

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**Over-the-Counter Medication Permission:** Do you give permission for your youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a student ministry event?

**PLEASE CIRCLE NO OR YES AND SIGN.**

**No.** Contact me or get medical help if my child has any minor medical concerns.

Parent signature \_\_\_\_\_

**Yes.** I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Parent Signature \_\_\_\_\_

**MEDICAL TREATMENT PERMISSION:** In the event that I cannot be reached in an emergency, I hereby give my permission to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary. I also give permission for attending physician(s) and other medical personnel to administer any needed medical treatment and I agree to pay for the medical treatment.

**EARLY RETURN HOME POLICY:** Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

**TRANSPORTATION PERMISSION:** The undersigned does also hereby give permission for my youth to ride in any vehicle driven by an ADULT chaperone while attending and participating in activities sponsored by Evergreen Baptist Church.

**PHOTO RELEASE:** I understand Evergreen Baptist may use my child's photograph on the Evergreen Baptist Church website, social media sites (Facebook, Instagram) or other publications such as brochures or local advertisements.

**RELEASE OF LIABILITY:**

I acknowledge and understand there are inherent risks associated with many

Evergreen Baptist Church activities. I will assume the risks associated therewith, whether known or unknown to me at this time. I recognize that my child's attendance at a Evergreen Baptist Church sponsored event is a privilege and as a consideration for this privilege, I release Evergreen Baptist Church, including its employees, agents and trustees, from responsibility for my child's accidental physical injury, including death or illness while at a sponsored trip or activity or during travel to and from events. This release is intended to include all claims made by my family, estate, heirs, personal representatives or assigns.

\_\_\_\_ Initials of parent/guardian Date

### **EVERGREEN STUDENT MINISTRIES BEHAVIOR COVENANT STATEMENT**

The following rules and guidelines are equally binding on adult leaders/chaperones and students. I understand that Evergreen Student Ministry is for Christian nurture and growth for myself, as well as every other individual participating. Therefore, I will show respect for all attending, in particular those holding leadership positions. I understand that once committed to a church activity on or off church property I am not permitted to leave the activity until the event is concluded. I will observe the curfew set by my leaders, respect all facilities being used and encourage others to do the same. I will not use tobacco, nor alcohol or illegal drugs. I will not bring weapons of any sort. I take it as my personal responsibility to support a healthy Christian atmosphere through my actions, language and the clothes that I wear. I recognize that failure to comply with instructions can cause serious problems and, upon consultation with counselors and staff, may result in immediate contact of parents to make arrangements for my return home at their expense. I have read the above paragraph and agree to be responsible for my behavior in accordance with the guidelines stated above. My parents and I understand violation of the guidelines may result in my being sent home.

**Student Signature** \_\_\_\_\_ **#2** \_\_\_\_\_ **#3** \_\_\_\_\_

I have read the foregoing. I fully understand its contents, understand that this agreement is effective January 31, 2024 – January 31, 2025, and I confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

Parent/Guardian Name (print) \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date \_\_\_\_\_